

10559967

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/555967	FILING DATE
CLAIMS							9/14/09	
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1							51	
2							52	
3		2		2			53	
4		2		1			54	
5		2		1			55	
6		2		1			56	
7		2		1			57	
8		2		1			58	
9		2		1			59	
10		2		1			60	
11		2		1			61	
12		2		1			62	
13		2		1			63	
14		2		1			64	
15		2		1			65	
16		2		1			66	
17		2		1			67	
18		2		1			68	
19		2		1			69	
20		2		1			70	
21		2		1			71	
22		2		1			72	
23		2		1			73	
24		2		1			74	
25		2		1			75	
26		2		1			76	
27		2		1			77	
28		2		1			78	
29		2		1			79	
30		2		1			80	
31		2		1			81	
32		2		1			82	
33		2		1			83	
34		2		1			84	
35		2		1			85	
36		2		1			86	
37		2		1			87	
38		2		1			88	
39		2		1			89	
40		2		1			90	
41		2		1			91	
42		2		1			92	
43		2		1			93	
44		2		1			94	
45		2		1			95	
46		2		1			96	
47		2		1			97	
48		2		1			98	
49		2		1			99	
50		2		1			100	
TOTAL IND.	2	↓	2	↓		↓	TOTAL IND.	↓
TOTAL DEP.	53	←	49	←		←	TOTAL DEP.	←
TOTAL CLAIMS	51		51				TOTAL CLAIMS	3

BEST AVAILABLE COPY